## MULTIPLE DEF DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537080 FILING DATE
APPLICANT(S)

$\mathbf{CL}$			

	<u></u>	FILED AFTER 1*AMENDMENT		AFTER 2 MARNDMENT				AS FILED		AFTER - CAMENDMENT		AFTER		
<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP		<b>-</b>	11 4		- Income	-	<u> </u>	TAL DEP	- 12			-		<b>-</b>
TOTAL CLAIMS			12					TOTAL CLAIMS			1			
PTO - 1340 (REV. 1109)  U.S. DEPARTMENT of COMMERCE Pages and Trademark Office.														